SENDER: COMPLETE THIS SECTION SC D	COMPLETE THIS SECTICION DELINERY2007 Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X M
1. Article Addressed to:	D. Is delivery address different from Item 1?  If YES, enter delivery address below:  No
Clerk of Court Maryland District Court 4415 Edward A. Garmatz Federal Bldg. And United States Courthouse 101 West Lombard Street Baltimore, MD 21201-2605	2:01ev 74/ entire file
	3. Service Type
	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 1490 0	000 0024 9865

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004